EXHIBIT C

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1 USA (Name of Debtor USA Commercial Nortgagalomparry Case N 06							1		nber 10725-1BR			
and								,	G	elated cases			
NOTE So This form arising after	ee Re shouk er the	verse for List d not be use commence expense may	st of De ed to ma ment of	btors a ike a c the ca	ind Casi laim for ise A 'i	e Nun an ac reque	nbers Iminis	strative ex r paymen	kpense		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name o	of Cr	editor an	d Add	ress			2		1 14	7	statement giving particulars		
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1 4	4 181 3 - 4	Mary	ລັງ	GK	9.0	- - - -	7			ı	BMC Group in this case Check box if this address	ONE OF THE D	EREST IN A BORROWER THAT IS NOT EBTORS
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Creditor T	elenh	one Numbe	AID	67	2-	60	20	,		4	envelope sent to you by the court.	1 '	CE IS FOR COURT USE ONLY
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37	48			=							f this claim amen	 a previous 	ly filed claim dated Etheriant to amend
1 BASIS									Retired	e be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	ds sol				al injury	//wron	igful d	leath [Wages	5 S	alanes, and compensation (fill out below)	Other claims against service (not for loan balances)
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4 CLASS	IFICA	TION OF C	LAIM	Check						_	e your claim and state the amo		the time case filed
ł.		NONPRIOR	-		6 4	8.	ሳል	0			SECURED CLAIM		
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UNSECU	RED F	PRIORITY C	LAIM								X Real Estate		le 🔲 Other
, -	k this b ed to pi	oox if you have nonty	e an uns	ecured	claım all	or pau	rt of w i	hich is			Value of Collateral		(,000
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1		priority of the		44.11	~ ~ ~ ~	A=1.31				_	secured claim if any	DUIT CON	yent
1		ipport obligati							•	Ц	Up to \$2 225* of deposits towe services for personal family of	ard purchase lead or household use	se or rental of property or 11 U.S.C. 6.507(a)(7)
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1./					•	nsecu	•			•	cured)	(pnonty)	(Total)
Check	this b	ox if claim inc	cludes in	iterest :	or other (charge	es in a	ddition to	the principa	al a	mount of the claim. Attach iter	mized statement	of all interest or additional charges
1			•	•							ducted for the purpose of m		f of claim voices itemized statements of
running	g acco	ounts contra	icts co	urt judg	aments,	morto	gages	security	agreeme	nts	and evidence of perfection are voluminous attach a sun	of lien DO NO	OT SEND ORIGINAL
1	STA	MPED CO									ur claim enclose a stamped		d envelope and copy of this
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BY MAI	L TO	,							BY HAND BMC Gr	D O	R OVERNIGHT DELIVERY TO	FN I	ED NOV 0 6 2006
Attn U	Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center												
F O B		1 CA 90245 (911				,	^			Franklin Avenue CA 90245		
DATE		}		and pr	the na	me an	d title	any of	he creditor	or o	other person authorized to file		USA CMC
1 1	r 1	2006	1	1113 278	A A	وطحمت	/ YI PO	100	iney if any	'			
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	PRO	OOF OF CLAIM	23:05 P a	ge 3 01 9	
	i.		<u> </u>		
Name of Debtor	Case No	ımber	1		
USA Commercial Mortgage Company	06-10	725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONI	LY OWED MONEY BY A BORROWER	
Name of Creditor and Address VENTURA ROY AMERICAN EMBASSY JAKARTA UNIT 8135 USAID FPO AP 96520 Creditor Telephone Number (62) 2/ 392 -6/16	75	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	WHOSE LOAN IS DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER ONE OF THE DE If you have alr Bankruptcy Court	S BEING SERVICED BY THE DO MOT HAVE TO FILE A PROOF BY INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS ready filed a proof of claim with the LOT BMC you do not need to file again	
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	a provovsky filod oleves dolod		
1 BASIS FOR CLAIM		amen	ds	- 1 <u> </u>	
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries and compensation (for digits of your SS #	fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to	
2 DATE DEBT WAS INCURRED Oct 2004 - March 2001	4 3 IF C	OURT JUDGMENT DATE O	RTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	at best descr	be your claim and state the amou	unt of the claim at i	he time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of ye entitled to priority) your claim our claim is	Check this box if you a right of setoff)		red by collateral (including	
UNSECURED PRIORITY CLAIM		Brief description of	_		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	_i Motor Vehicle \$	Other	
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	secured claim, if any \$ Up to \$2 225* of deposits towa		-	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	, <u> </u>	services for personal family of Taxes or penalties owed to gov	r household use 1	1 U S C § 507(a)(7)	
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		=	
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		* Amounts are subject to adjust with respect to cases commend	tment on 4i1i07 ar	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	155,8.			\$ 155,828,26	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iten	(pnority) nized statement o	(Total) f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the contraction of the proof of claim.	dited and d uments, su agreements documents	educted for the purpose of m ch as promissory notes purc s and evidence of perfection are voluminous, attach a sun	aking this proof of hase orders, invi of lien DO NO nmary	of claim oices itemized statements of T SEND ORIGINAL	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	i, prevailin corporation BY HAND (BMC Grou Attn USA 1330 East	g Pacific time, on Novembe is, joint ventures, trusts and DR OVERNIGHT DELIVERY TO ID CM Claims Docketing Center Franklin Avenue	r 13, 2006 d	THIS SPACE FOR COURT USE ONLY	
DATE SIGN and print the name and title if any of th	e creditor or	o CA 90245 other person authorized to file			
16 Oct 2006 this claim (attach copy of power of attorn	ney (fany)	Mancy B Vente	ura	USA CMC	

	PRO	OF OF CLAIM	.23.03 Pa	gc 4 01 9
Name of Debtor	Case Nur	nber		ļ
USA Commercial Mortgage Co	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
ROY R VENTURA JR & NANCY B VENTURA AMERICAN EMBASSY- JAKARTA UNIT 8135 - USAID FPO AP 96520	50	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER ONE OF THE DEE	
ARMED FORCES PACIFIC		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (62) 21 392-6116		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death] Wages s	salanes and compensation (fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS#	.e	,
Moriey loaned Other (describe orieny)	Unpaid o	ompensation for services pe	normed from	to (date) (date)
2 DATE DEBT WAS INCURRED Oct 2004 - March 2006	6 3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations		be your claim and state the amo	unt of the claim at the	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b exceeds the value of the property securing it or if c) none or only part of y entitled to priority) your claim your claim is	a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		☐ Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$		Amount of arrearage as secured claim if any	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salanes or commissions (up to \$10 000)* earned within 180 day before filling of the bankruptcy petition or cessation of the debtors	I	Up to \$2 225* of deposits town services for personal family of	or household use -1	1 U S C § 507(à)(7)
business whichever is earlier 11 U S C § 507(a)(4)	늗	Taxes or penalties owed to go Other Specify applicable par		= '
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	155,82	8 26 \$		\$ 155,828 26
(unsecured)	•	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the CREDITS. The amount of all payments on this claim has been created.	, ,			
7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts, contracts, court judgments, mortgages security DOCUMENTS If the documents are not available, explain. If the	<i>c<u>uments,</u> su</i> agreement	ich as promissory notes pur s, and evidence of perfection	chase orders, invo	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be sei ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships,	m, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente		FILED OCT 19 2006
P O Box 911	1330 Eas	t Franklin Avenue		1 T 3 7000
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the sign of the		do CA 90245 r other person authorized to file	<u></u>	
this claim (attach copy of power of atto	orney if any)	lancer B Ven	tura	USA CMC
1. Vinney	چ	<i>y</i> =		1072500638

Case 06-10725-gwz FORM B10 (Official Form 10) (10/05)

UNITED STATE	ES BANKRUPTCY COURT	Ď.	etner.	of Nevada		
Name of Debtor	DISTRICT COOK!		SIKKI	OF NEVADA		PROOF OF CLAIM
USA C	Contal		Number			The comments
				725-1br		FECTIVED AND FI
of the case A n	should not be used to make a claim for an admini equest for payment of an administrative expense ma	strative ex	pense an	ising after the commencen	ent	MO FI
		,	and the same of th			100 AUG -4 P 2.
Name of Creditor debtor owes mon	(The person or other entity to whom the	□ Ch	eck box i	If you are aware that anyoned a proof of claim relating	ne	4 12
•				Attach copy of statemen	ξ IO	Fire My Morris
Verusi	io Solutions, LLC	giving particulars				MITACIA GRAY CIER
Name and addres	s where notices should be sent			If you have never received in the bankruptcy court in	lany	· CI LR
208	Clarence Wy Pout, CA 94539	cas	e	. ,		
Fren	10H, CA 94539			if the address differs from the envelope sent to you b		
Telephone numbe	or 5103642816		court.	the envelope sent to you b	У	THIS SPACE IS FOR COURT USE ONES
	f account or other number by which creditor			replaces		
identifies debtor		ıfti	us claım	amends a previous	ly filed	claim dated
1 Basis for C	Claum			Retiree benefits as define	d in 11	USC § 1114(a)
☐ Goods				Wages, salaries, and com	pensatio	on (fill out below)
= / 50,770	es performed v loaned			ast four digits of your S Inpaid compensation for		
	ial injury/wrongful death					•
☐ Taxes			I	rom(date)	to_	(date)
- Other						(date)
2. Date debt	was incurred· 19/2 <i>00</i> 6	3.	if cou	irt judgment, date obti	ined:	
See reverse side	of Claim. Check the appropriate box or boxes the for important explanations.	at best de:			ount of	the claim at the time case file
	priority Claim \$		Secu	red Claim		
☐ Check this !	box if a) there is no collateral or lien securing you	r claim oi	2 000	Check this box if your cl	aim is se	ecured by collateral (including
UI YOUI CEMIN CAC	b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority					
Unsecured Prior			***	Brief Description of Col		
	•	✓ Real Estate ☐ Motor Value of Collateral \$58				
entitled to priority	ox if you have an unsecured claim all or part of w	hich is	1			
Amount entitled to	O priority \$		secure	ont or arrearage and other ed claim, if any \$329	charges	at time case filed included in
			L		-	
Specify the priority of			Up to \$2	2,225* of deposits toward ces for personal, family of	d purcha	ise, lease, or rental of property
☐ Domestic sup (a)(1)(B)	port obligations under 11 U S C $\$$ 507(a)(1)(A) or	•	§ 507(a)(7)	n nouse	more use - 11 0 5 C
	N as assessing to the same to		Taxes or	r penaltres owed to gover	nmental	units - 11 USC § 507(a)(8)
days before filing	es, or commissions (up to \$10 000),* earned within of the bankruptcy petition or cessation of the debto er is earlier - $11 USC \ \ 507(a)(4)$	r's 🗆				II USC § 507(a)()
			nounts ar	re subject to adjustment o	n 4/1/07	and every 3 years thereafter
☐ Contribution	s to an employee benefit plan - 11 U S.C 🖇 507(a)	(5)	with resp	pect to cases commenced	on or a	fter the date of adjustment
5. Total Amou	ant of Claim at Time Case Filed	£	0	329,747,92	0	329,747 92
Check this box	x if claim includes interest or other charges in additional charges	ition to th	NECOSONI)	red) (secured)	(prio	rity) (Total)
					ruduli il	CHILDOU STRICTUCHE OF ALL
Credits: The making this pro	he amount of all payments on this claim has been	credited a	nd deduc	cted for the purpose of	This	SPACE IS FOR COURT USE ONLY
orders invoices	Occuments: Attach copies of supporting documents itemized statements of running accounts, contract	nis, such a	as promis	ssory notes, purchase		
agreements and	a evidence of perfection of lien DO NOT SENT	ORIGIN	IAI DO	CHMENTS If the	1	
documents are	not available explain. If the documents are volun	inous, att	ach a sur	mmary		
Date-Stamped	Copy. To receive an acknowledgment of the file	ng of you	r claım, e	enclose a stamped, self-		
Date	ope and copy of this proof of claim				_	
	Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn	e creditor ey, if any	or other	person authorized to		
8/1/06		y, uniy	•		1	USA CMC
	Jay Lim. Mariaa	N				THE REPORT OF THE PARTY OF THE
Penalty for present	ling fraudulent claum Fine of up to \$500,000				_	1072500093

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	ROOF OF CLAIM	
Name of Debtor Case	Number	
USA COMMERCIAL MORTGAGE COMPAY OG	-10725 - LBR	
and althinated debters and	related cases	
NOTE See Reverse for List of Debtors and Case Numbers	Польти	
This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an	Check box if you are aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
MELODY J VIOLET	Check box if you have	
PO BUN 2201 VISTA CA 92085		NOT FILE THIS PROOF OF CLAIM FOR A
VISTA CA 92085		CURED INTEREST IN A BORROWER THAT IS NOT IE OF THE DEBTORS
	Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the nkruptcy Court or BMC you do not need to file again
Creditor Telephone Number () 858-442-6684 Last four digits of account or other number by which creditor identifies debtor	court.	THIS SPACE IS FOR COURT USE ONLY
7584	Check here replaces or amends	a previously filed claim dated CSCRVE The right to AMEND
	e benefits as defined in 11 U S C §	
Goods sold Personal injury/wrongful death Wage	s, salanes and compensation (fill o	ut below)
Manage Langed College (day subschools)	our digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly) Unpai	d compensation for services perfor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 DATE DEBT WAS INCURRED FOR 06 000 1Ng 3 IF	COURT JUDGMENT, DATE OBT	AINED (date) FEI3 06 (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de-	scribe your claim and state the amount o	of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim	U Arat	claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	_	lata-al
UNSECURED PRIORITY CLAIM	Brief description of coll	
Check this box if you have an unsecured claim all or part of which is entitled to priority		
Amount entitled to priority \$	Value of Collateral	\$ # 308,000
Specify the priority of the claim	secured claim if any \$ C	ther charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ourchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or ho	usehold use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		mental units - 11 U S C § 507(a)(8)
Contribution to an employee benefit plan - 11 U S C § 507(a)(5)	Other - Specify applicable paragra * Amounts are subject to adjustme	ph of 11 U.S.C. § 507(a) () unt on 4/1/07 and every 3 years thereafter
	with respect to cases commenced	
AT TIME CASE FILED \$ CONTINGENT \$ UNIT	yu. dated \$ Clair (p	nority) \$ (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemize	ed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments mortgages security agreeme DOCUMENTS If the documents are not available explain. If the documents	ents and evidence of perfection of li	ren DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		
The original of this completed proof of claim form must be sent by main ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ling Pacific time, on November 1:	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BY HAN	D OR OVERNIGHT DELIVERY TO	1
BMC Group BMC G	roup SACM Claims Docketing Center	
P O Box 911 1330 E	ast Franklin Avenue	
El Segundo CA 90245-0911 El Segu DATE SIGN and print the name and title if any of the creditor	rot other person authorized to file	
this claim (attach copy of power of attorney if any	y)	1
melody J VioleT		

UNITED STATES BANKRUPTCY COURT		OF OF CLAIM	3:05 Pag	e / of 9
DISTRICT OF NEVADA	' ' ' '	JOI OI CLAIM		
			!	
Name of Debtor	Case No	ımber.		
USA Commercial Morfgage Company	06-10	725,LBR		
was a marrial or and a street and a constitution	00.10	1 Car 35 1 Car 1 C		
	<u> </u>	·		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A "request" for payment of		aware that anyone else has	IE VOIT ARE ON	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U.S.C. § 503		filed a proof of claim relating to your claim Attach copy of		BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars		O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
 	6	Check box if you have		D IN THE COLLECTION ACCOUNT
WESTBROOK CONNIE		never received any notices		
14320 GHOST RIDER DRIVE RENO NV 89511		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
(2.140 44 0.001)		Check box if this address	ONE OF THE DE	
		differs from the address on the		eady filed a proof of claim with the
AND THE PROPERTY OF THE PROPER		envelope sent to you by the court	1	or BMC you do not need to file again
Creditor 7 elephone Number ()		00011	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	gebtor	Check here replace	a proviouebi	filed claim dated 12/2006
		if this claim amen		4
1 BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goor's sold Personal injury/wrongful death		salar es and compensation (Other claims against service
Services performe! Liaxes		r digits of your SS #	in out solon)	(not for loan balances)
Money loaned Other (describe bneffy)		compensation for services pe	rformed from	to
See exhibit A	a, pain	particular		(date) (date)
2 DATE DEBT WAS INCURRED 10.29 , 2003	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				ne time case filed
See reverse side for important explanations	INE 47	SECURED CLAIM		
UNSECURED NONPRIDRITY CLAIM \$ 148,453 92 (4	EXA		our claim is secur	ed by collateral (including
Check this box it a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim	a right of setoff)		ou by conditional (mondaming
entitled to priority	Jui Claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is				
entitled to priority		Value of Collateral	0.110.	~~~~
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charges なりというとっ	at time case filed included in
Specify the priority of the claim	*****			
Domestic support oblig itions under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L.	Up to \$2 225* of deposits toward services for personal family of		
Wages, salaries or con imissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go		G (A)
business whichever is Parlier - 11 U S C § 507(a)(4)	<u></u>	Other Specify applicable part		* '''
Contributions to an employee benefit plan 11 USC § 507(a)(5)	.	* Amounts are subject to adjus		• () (= = -)
		with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ 148 453.92 \$	148,	453.92 \$		\$ 148,453,92
AT TIME CASE FILED (unsecured)	, ,	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mızed statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	dited and	deducted for the nurgose of n	nakına this proof	of claim
7 SUPPORTING DOCIJMENTS Attach copies of supporting doci				
running accounts, contracts court judgments, mortgages, security a	agreemen	ts, and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available, explain If the o				
8 DATE-STAMPED COPY To receive an acknowledgment of the	e filing of	your claim enclose a stampe	d self-addressed	envelope and copy of this
proof of claim	4 has seemal	as hand delivered /FAVES A	IOT	THE ODLOG FOR COURT
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,	corporation	ons, joint ventures, trusts a	1	
governmental units)	BY HAND	OR OVERNIGHT DELIVERY TO	,	D JAN 10 2007
BY MAIL TO BMC Group	BMC Gro	oup	_ = n d	A JAN IV
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente at Franklin Avenue	i FIL	LV C.
El Segundo CA 90245-0911		do CA 90245		
DATE SIGN and point the name and title if any of the			1/ 2	
1-8-07 (this/claim (attach copy of bower of attor	ney Irany) ∧	1 775.853	1678	USA CMC
LOWWE ISSTE	1000			
			466 410 5	1072501922

F	0	RM	B	14	3	(Official	Form	10)	(10/05)

-	0 (Official Form 10) (10/05)					
טוחאט	STATES BANKRUPICY COURT	DISI	RKT	OF_	Nevada	PROOF OF CLAIM
Name of I			lumber /			. 1
454	COMMERCIAL MORTGAGE ED	100	2 -	14	725 - LBR	
	A 'request" for payment of an administrative expense man					
Name of (debtor ow	reditor (The person or other entity to whom the emoney or property). 6 2 - Figure 1 CARLLA ZAPPALL AYERCA LLINK 15E #2 3335					
Name and	address where notices should be sent	notic	es fron		have never received any bankruptcy court in this	
1270	6 m MYER LV, ELMIRINE HZ munther 623 932 2760 85335	Chec addr	ck box i		address differs from the evelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four	guts of account or other number by which creditor	Chec	court.	11	replaces	
identifies d	· • · · · · · · · · · · · · · · · · · ·	if thi	s claum	П	amends a previously fi	iled claim, dated
1. Bas	For Clarm Goods sold Services performed Money losned Personal many/wrongful death			Wage Last 1		sation (fill out below) rvices performed to
	Other See Exhibit A				(date)	(date)
2. Dat	debt was incurred.	3.	If co	urt j	udgment, date obtain	eď
7 Ch	ne Nonpriority Claim 5 764,812, 74 c. thus box if a) there is no collateral or lien accuring your aim exceeds the value of the property securing n, or if c) is o'your claim is entitled to priority	r claun, or none or	a 778	int of	ck this box if your claim setoff) of Description of Collate	n is secured by collateral (including
	d Priority Claim		1		Real Estate Moto	
_	this box if you have an unsecuted claim, all or part of w	thich is	Amr		ue of Collateral 5 4	AKIE W J parges at time case filed included in
Amount c	nt tied to priority \$:	secu	red c	farm, if any \$ 10	320
-	prority of the claim. Est ic support obligations under 11 U.S.C. § 507(a)(1)(A) or	· ·	or serv § 507(nces (a)(7)	for personal, family or	ourchase, lease, or rental of property household use - I1 U.S C.
grang	s safarces or commissions (up to \$10,000).* earned within e /lling of the bankrupicy petition or cessation of the debte whichever is earlier -)1 USC § 507(a)(4)	180 D	Other -	- Spe	cify applicable paragras	rental units - 11 U.S.C. § 507(a)(8) sh of 11 U.S.C. § 507(a)()
[-7	vh chever is earlier -) } USC § 507(a)(4) ributions to an employee henefit plan - } } USC § 507(a)					4/1/07 and every 3 years thereafter n or after the date of adjustment.
	al amount of Claim at Time Case Filed.	2	704	181	214 704.81274	704.812 74
Check	this box if claim includes interest or other charges in add st or additional charges.	littion to th	(unsec		(secured) mount of the claim Att	(priority) (Total) ach itemized statement of all
6. Credi		credited a	nd ded	ucted	for the purpose of	THIS SPACE IS HER COURT USE ONLY
7 Supporters, agrees	orting Documents: Attach copies of supporting docume invoices itemized statements of running accounts, contractions, and evidence of perfection of lien. DO NOT SEN ent.; are not available, explain. If the documents are voluments are voluments.	cts court of DORIGIT	judgme NAL D	nts, i OCU	nortgages, security MENTS If the	FILED JAN 11 20
8. Date- address	Stamped Copy: To receive an acknowledgment of the file sed suvelope and copy of this proof of claim.	ing of you	r claim	eac	lose a stamped, self-	USA CMC
Date 1-8-0	Sign and print the name and title if any, of the fife thus claim (attach copy of power of attor	he creditor ney, if any LAG	or other): and	er pe	ison sethorized to	1072502040
Penulty J	or presenting fremdulant chapt. Fine of up to \$500,000 or	Happyson	lan for	up t	o 5 years, or both. 18 U	S C §§ 152 and 3571

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dis	TRICT O	l- Nevada		PROOF OF CLAIM		
Name of Dubtor USA Commercial Mortgage Company	Case 1 06	iumber -/07	25-18	R	TROOF OF GLAIM		
NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense m							
Name of Creditor (The person or other entity to whom the debtor owes money or property) ANTHONY J. ZERBO, AN UNMATTICE MAN	else your	has filed claim A ig particu	you are aware that a a proof of claim rela ttach copy of stater lars you have never rece				
Name and address where notices should be sent ANTHOMY TIZE PBO 780 SAFA TOGA AUC. April 5-107 SAFA TOSE CA 95125 Telephone number (408) = 344-4662	notice case	es from its k box if the ess on the	the bankruptcy court the address differs free envelope sent to yo	om the	THIS STACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Chec ıf thı	k here s claım	amends a previ	<i>106, 10/2:</i> ously filed	3/06,1064/06,1,02,07 I claim dated		
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Wa La Ur	ttree benefits as de ages salaries and c st four digits of you apaid compensation (date)	ompensati ur SS # n for servic	ton (fill out below) ces performed		
2 Date debt was incurred APRIL 2004	3	If cour	t judgment, date	obtained			
4 Classification of Claim Check the appropriate box or boxes to See reverse side for important explanations. Unsecured Nonpriority Claim \$ \$ 76,855.25 Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B). Wages salaries or commissions (up to \$10,000) * earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier. 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(5)(5).	which is or or an 180 which s	Amount secured by 507(a) Taxes or Other - Stounts are	Check this box if you of setoff) Brief Description of Real Estate Value of Collateral and of arrearage and of claim if any \$_,225* of deposits to es for personal family (7) penalties owed to go specify applicable per subject to adjustment.	Collateral Motor V Substitute Charge Covernment aragraph of ent on 4/1/ nced on or	secured by collateral (including fehicle Other————————————————————————————————————		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6 Credits The amount of all payments on this claim has bee making this proof of claim 7 Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEI documents are not available explain. If the documents are voltaged envelope and copy of this proof of claim. Date Sign and print the name and title if any of file this claim attach copy of power of attach.	nents such a racts court j ND ORIGIN uminous att filing of you the creditor graey if any	ns promis udgment IAL DOG ach a sun r claim e	sory notes purchas s, mortgages, secur CUMENTS If the nmary enclose a stamped s	elf-FV-F	THIS SPACE IS FOR COURT USE ONLY		
Penaltry for presenting fraudulent claim Fine of up to \$500 000 c					USA CMC		